	. Due	120-Days Total Due	90-Days 120-	00 SAPE -09	30-Days 60	Current .00	
					ext Page)	(Continued on Next Page)	(0)
	103.25-			###	OFF	PAYMENT-CHECK INSURANCE PAYMENT MINIMUN BALANCE WRITE	8/16/06
		103.25	*CLAIM FILED*		į	STATE FARM INSURANCE	8/08/06
		103.25	840 7231	11 99213 7	3	INTERMEDIATE OFF VISIT	7/10/06
2344158	103.25- 103.25-		ene	11 ROBERTSON,	AUDREY WITH DR	INSURANCE PAYMENT SUMMARY FOR AUDREY	9/06/06
		103.25	*CLAIM FILED*	11 *0	ATEU	STATE FARM INSURANCE	8/29/05
			840 7231	11 99213 7840	OFF VISIT	INTERMEDIATE OFF VISIT	7/31/06
2339125	103.25-	103.25	FNP	ROBERTSON,	K WITH DR	SUMMARY FOR	5, 10, 00
		95.00	*CLAIM FILED*	*0		STATE FARM INSURANCE	6/13/06
				11	8	DATE OF INJ	11/19/05
2277945	95.00-	95.00	FNP 231 7245	11 99213 7231	ב	INTERMEDIATE OFF VISIT	5/04/06
	70.50-		!	11	YMENT	INSURANCE PAYMENT	4/10/06
		70.50	*CLAIM FILED*			STATE FARM INSURANCE	3/28/06
		70.00	4	11 22212 8479	ATED	DATE OF INJ AUTO REL	11/19/05
2231744	70.50-	70.50	FNP	ROBERTSON,	ITH DR	SUMMARY FOR	3/03/06
	180.00-			11	YMENT	INSURANCE PAYMENT	2/21/06
		180.00	*CLAIM FILED*			STATE FARM INSURANCE	2/07/06
		85.00	92310	73090		FOREARM	12/29/05
		95.00	2310 7840	11 11 99213 92310	ð	DATE OF INJ AUTO RELAT!	11/19/05
2187268	180.00-		Ī	ROBERTSON,	H DR	SUMMARY FOR	10 (00 (01
	95.00-		1	11	YMENT	INSURANCE PAYMENT	1/19/06
		95.00	*CLAIM FILED*	**		STATE FARM INSURANCE	1/03/06
		95.00	8470	99213	3	INTERMEDIATE OFF VISIT	12/09/05
2172468	١,		FNP	ROBERTSON,	H DR	SUMMARY FOR	
Enc #	Pmt/Adj Amt Due	ł	ICDA Codes	LC CPT4		Description	Date
	Fed# 410695596	0 240-3157	320	14 5	Act# 012914 5	320 584-5470	
	EDICINE CENTER IRT STE 200	MID MN FAMILY MEDICINE 1520 WHITNEY COURT STE ST CLOUD, MN 56303	81 15		5 1 314	AUDREY SOLTIS 10741 30TH ST BOWLUS MN 56314	

Current 30-Days 60-Days 90-Days 120-Days Total Due

			103.25	A T PRO	*CHAIM WINKU*	1	OTHER PROPERTY.	0/07/07
				1		11 001	STATE SARW INSIDANCE	
			100.60			1	THE OF THE PIPE BUT A	
			ו ביי	7840	1921 1721	7 11 1	INTERMEDIATE OFF VISIT	3/23/07 II
2515278		103.25-	103.25		BERTSON, FNP	TH DR ROI	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	SI
	•	103.25-				11	INSURANCE PAYMENT	2/16/07 II
			103.25	FILED*	*CLAIM FILED*	11	2/06/07 STATE FARM INSURANCE	2/06/07 S
						TED 11	DATE OF INJ AUTO RELATED	11/19/05 D
			103.25		99213 7231	T 11 9	INTERMEDIATE OFF VISIT	
2462018	•	103.25-	103.25		BERTSON, FNP	TH DR ROI	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	
	•	160.00-				11	INSURANCE PAYMENT	.2/20/06 II
			160.00	FILED*	*CLAIM FILED*	11	STATE FARM INSURANCE	2/12/06 S
							11/19/05 DATE OF INJ AUTO RELATED	11/19/05 D
			160.00	7245	11 99214 7231		EXTENDED OFFICE VISIT	11/13/06 E
2423317		160.00-	160.00		BERTSON, FNP	TH DR ROI	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	
	•	103.25-				11	10/23/06 INSURANCE PAYMENT	10/23/06 II
			103.25	FILED*	*CLAIM FILED*	11	STATE FARM INSURANCE	10/10/06 S
						TED 11	DATE OF INJ AUTO RELATED	11/19/05 D
			103.25	7840	11 99213 7231		INTERMEDIATE OFF VISIT	
2381622		103.25-	103.25		SERTSON, FNP	TH DR ROI	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	
Enc #	Amt Due	Pmt/Adj Amt Due	Charges	ICDA Codes	CPT4 ICDA	LC CPT4	Description	Date D
	Fed# 410695596	Fed#	320 240-3157	32	· ·	Act# 012914 5	320 584-5470 Act#	Į.
		00000	OF CHOOP, MIN DOSOS	č			1	
	200	COURT STE	1520 WHITNEY COURT STE 200	0 11			BOWLUS MN 56314	B ⊢
	CENTER	Y MEDICINE	MID MN FAMILY MEDICINE CENTER	M			AUDREY SOLTIS	A

11/20/07 10:27

MID MINNESOTA FAMILY PRAYTILE 150 FIND LONG INCLINIES TO A LOS (320) 246-3158
1520 WHITNEY COURT SUITE Exhibit(s) Page 3 of 26 M-Z: (320) 240-3118
SAINT CLOUD, MN 56303

DESTRATEMENT
OF
ACCOUNT

This statement is for services performed at Mid Minnesota Family Practice

AUDREY SOLTIS 10741 30TH ST BOWLUS MN 56314 PAYMENTS RECEIVED AFTER STATEMENT DATE SHOWN WILL APPEAR ON NEXT MONTH'S STATEMENT

PLEASE MAKE CHECK PAYABLE TO: MID MINNESOTA FAMILY PRACTICE

ACCOUNT NUMBER

STATEMENT DATE

012914 11/27/07

DETACH AND RETURN UPPER PORTION WITH PAYMENT

AMOUNT ENCLOSED

\$

ENCTR#	DATE	PATIENT	DOCTOR	CPT4	MOD.	DESCRIPTION OF SERVICE	ICD9	AMOUNT
2617967	9/10/07 9/10/07 9/10/07 9/10/07 9/10/07 9/10/07 9/10/07 9/10/07 11/19/05 11/20/07	AUDREY AUDREY AUDREY AUDREY AUDREY AUDREY AUDREY AUDREY AUDREY AUDREY AUDREY	BRADFORD BRADFORD	99213 93000 85610 85025 80048 86304 81003 85730 36415	25 90 90 90 90 90	INTERMEDIATE OFF VIS ECG INTERP & REPORT PROTIME CBC & PLATLETS/AUTO CHEM 7 PANEL IMMUNO FOR TUMOR ANT UA, W/O MICRO AUTO THROMBOPLASTIN TIME/ VENIPUNCTURE DATE OF INJ AUTO REL STATE FARM INSURANCE	V7283 1749 V7283 V7283 V7283 V7283 1749 V7283 V7283 V7283 V7283 V7284 *CLAIM FILED*	418.00 107.00 93.50 21.50 34.50 49.50 61.50 10.00 26.00 14.50
						Mysical surgery	dose	
						to.		
			-					

MINORS MUST BE ACCOMPANIED BY AN ADULT. COPAYS ARE DUE AT TIME OF SERVICE. VISA AND MASTERCARD ACCEPTED BRING CURRENT MEDICATION BOTTLES TO YOUR APPOINTMENTS.

A18.00 NEW BALANCE

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		EXHIBIL(S)	Page 4 01 20)		
		P() H	OX 82613			
[1500]		LINCOLN,				CALIMIER
HEALTH DISTIBAL	NCE CLAIM FORM	Binooin,				Ξ
APPROVED BY NATIONAL UNIF						ప
TT P:CA					PICA	ΞΫ́
1. MEDICARE MEDICAID	TRICARE CHAM	PVA GROUP	FECA OTHER	1; 1a. INSURED'S I.D. NUMBER	(For Program in item 1)	<u>-</u> -
(Madicare #) (Madicaid	#) CHAMPUS (Sponsor's SSIV) (Membe	YIDE) HEALTH PLAN (SSN or ID)	(SSN) (ID)	231838523		
2. PATIENT'S NAME (Last Name	First Name, Middle Initial)	3. PATIENT'S BIRTH DA	TE SEX	4. INSURED'S NAME (Last Name		7.1
SOLTIS AUD	REY A	05211 ₉₅₆	M F X	SOLTIS AU		
5. PATIENT'S ADDRESS (No., SI	·	6. PATIENT RELATIONS	HIP TO INSURED	7. INSURED'S ADDRESS (No., S		
10741 30TH		Serf X Spouse	Child Other	10741 301		_: :
CITY	STAT	F1		CITY	STATE	Š
BOWLUS		Single Marr	ied Other	BOWLUS	TELEPHONE (Include Area Code)	7.1
ZIP CODE	TELEPHONE (Include Area Code)	Full-Ti	me [] Part-Time []	56314	(320, 584 5470	
56314	(32) 584 5470			11. INSURED'S POLICY GROUP	(7	10
•	est Name, First Name, Middle Initial)	10. IS PATIENT'S CONDI	FOW RELATED TO:	None	OR FECA NUMBER	<u> </u>
SOLTIS AUD		a. EMPLOYMENT? (Curr	ent or Previous)	a. INSURED'S DATE OF BIRTH	SEX	7
973353789	Transport	YES	XNO	05211956		긓
D. OTHER INSURED'S DATE OF	BIRTH SEX	2. AUTO ACCIDENT?	PLACE (State)	5. EMPLOYER'S NAME OR SCH		_≅
05211956	M FX	∏ %€ s	NO ,	i	00	PATIENT AND INSURED INFORMATION
c. EMPLOYER'S NAME OR SCH		c. OTHER ACCIDENT?	\	. c. INSURANCE PLAN NAME OR	PROGRAM NAME	
; !		YES	XNO	}		1=
d. INSURANCE PLAN NAME OR	PROGRAM NAME	10d. RESERVED FOR LO	CALUSE	d. IS THERE ANOTHER HEALTH	BENEFIT PLAN?	7
MEDICA		_		XYES NO	f yes, return to end complete item \$ a-d.	:
READ:	BACK OF FORM BEFORE COMPLETS PERSON'S SIGNATURE I authorize to	NG & SIGNING THIS FORM.	er information necessary		D PERSON'S SIGNATURE I zurhorize the undersigned physician or supplier for	. ;
to process this claim, i also req	uest payment of government benefits eith	er to myself or to the party who	accepts assignment	services described balow.	y and andered gride projection or elegand Of	1
palow.		0.5	050007		town on Dile	
	ture on File	THE DESIGNATION OF STREET AND ADDRESS OF STREET	252007	1 5 6 7 1 March 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ture on File	<u>, γ</u>
MINI DO YY . ALI		6. IF PATIENT HAS HAD SAN GIVE FIRST DATE MAN	FOR SIMILAR ILLNESS.	MM DO Y	WORK IN CLARENT OCCUPATION	
11192005 VF	PREGNANCY(LMP)	7e. G82634		FROM	TO STATED TO CHREAT SERVICES	
SCHWENDER	<u> </u>	76 NPI 1558302	373	MM DO YY	ELATED TO CURRENT SERVICES MAN DO YY	- }
19. RESERVED FOR LOCAL USE		70-[10-1] 1330302	372	20. OUTSIDE LAB?	\$ CHARGES	-
	-			YES XNO	0.00	: {
21. DIAGNOSIS OR NATURE OF	ILLNESS OR INJURY (Relate Items 1,	2, 3 or 4 to Itam 24E by Line)		22. MEDICAID RESUBMISSION		
7230		_{3 L} E8120	¥	CODE	ORIGINAL REF. NO.	1
· · · · · · · · · · · · · · · · · · ·		3		23. PRIOR AUTHORIZATION NU	MBER	1
2 : E8495		4. i		!		: :
24. A. DATE(S) OF SERVICE		DEDURES, SERVICES, OR Solain Unusual Circumstances)		F. G. DAYS OF CHARGES UNITS	H. 1. U. RENDERING RESOLUTION OF PROVIDER IO. #	<u>.</u>
From T NIM DD YY MM D			R POINTER	\$ CHARGES UNITS	PROVIDER ID #	
				420.00	200221939	靐
09 25 07 09	25 07 12 LO	174 NU		410,00 1	NPI 144/2/2054	<u>.</u>
	200	400 2777		40'00 1	200221939 NPI 1447222054	:=
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					NP:	TIVSICIAN
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	· 1 /		!" !	i i i i	6557	- =

27. ACCEPT ASSIGNMENT?

XYES

28. TOTAL CHARGE

<u>450.00</u>

33. BILLING PROVIDER INFO & PH #

a1447222054

SSN EIN

26. PATIENT'S ACCOUNT NO.

32. SERVICE FACILITY LOCATION INFORMATION

5925

2

3

4

5

S

25, FEDERAL TAX I.D. NUMBER

200221939

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

INCLUDING DEGREES OR CREDENTIALS

(I certify that the statements on the reverse apply to this bill and are made a part thereof.)

CAROL HENTGES

NΡ

0.00

(612)

200221939

30. BALANCE DUE

\$

450.00

871 5000

Inc

29. AMOUNT PAID

Custom Care Orthotics

910 E 26TH ST 460 MINNEAPOLIS MN 55404

ALLINA HOSPITALS & CLINICS NW 5336

MINNEAPOLIS, MN 55480-7720

AUDREY A SOLTIS

11/24/07

50014185

AUDREY A SOLTIS 10741 30TH ST

BOWLUS, MN 56314

ALLINA HOSPITALS & CLINICS NW 5336

MINNEAPOLIS, MN 55480-7720

SVC DATE	PATIENT	PROCEDURE	TR	UN	CPT	CHARGE	INS FILED	INS PAID	PAT PAID	ADJUSTMT	PAT POR
09/17/07	SOLTIS, AUDREY A	PR INPATIENT	1	1	99251	105.00	0.00	0.00	0.00	0.00	105.00
10/04/07	INS FILED: STATE	FARM-STATE FARM	MN					-			
Pending	INS FILED: STATE	FARM-STATE FARM	MN								
09/17/07	SOLTIS, AUDREY A	PR EMG LIMITE	2	1	95870	61.00	0.00	0.00	0.00	0.00	61.00
10/04/07	INS FILED: STATE	FARM-STATE FARM	MN								
Pending	INS FILED: STATE	FARM-STATE FARM	MN								
09/17/07	SOLTIS, AUDREY A	PR EMG LIMITE	3	1	95870	61.00	0.00	0.00	0.00	0.00	61.00
10/04/07	INS FILED: STATE	FARM-STATE FARM	MN								
Pending	INS FILED: STATE	FARM-STATE FARM	MN								
09/17/07	SOLTIS, AUDREY A	PR EMG LIMITE	4	1	95870	61.00	0.00	0.00	0.00	0.00	61.00
10/04/07	INS FILED: STATE	FARM-STATE FARM	MN								
Pending	INS FILED: STATE	FARM-STATE FARM	MN								
09/17/07	SOLTIS, AUDREY A	PR EMG LIMITE	5	1	95870	61.00	0.00	0.00	0.00	0.00	61.00
10/04/07	INS FILED: STATE	FARM-STATE FARM	MN								
Pending	INS FILED: STATE	FARM-STATE FARM	MN								
09/17/07	SOLTIS, AUDREY A	PR EEG DURING	6	1	95955	157.00	0.00	0.00	0.00	0.00	157.00
10/17/07	INSURANCE PAYMEN	Γ			0.00						

CONTINUED

ALLINA HOSPITALS & CLINIC

Ann-1-29-08
Ann-1-29-08

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ALLINA HOSPITALS & CLINICS NW 5336

AUDREY A SOLTIS

MINNEAPOLIS, MN 55480-7720

11/24/07

50014185

AUDREY A SOLTIS 10741 30TH ST

BOWLUS, MN 56314

ALLINA HOSPITALS & CLINICS

NW 5336

MINNEAPOLIS, MN 55480-7720

10/17/07 INS FILED: STATE FARM-STATE FARM MN 09/17/07 SOLTIS,AUDREY A PR NEUROMUSCU 7 1 95937 110.00 0.00 0.00 0.00 0.00 0.00 110.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/17/07 SOLTIS,AUDREY A PR C MOTOR EV 8 1 95929 244.00 0.00 0.00 0.00 0.00 0.00 244.00 10/17/07 INSURANCE DISCOUNT 0.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/17/07 SOLTIS,AUDREY A PR C MOTOR EV 9 1 95928 244.00 0.00 0.00 0.00 0.00 0.00 0.00 244.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN 09/17/07 SOLTIS,AUDREY A PR SOMATOSENS 10 1 95926 88.00 0.00 0.00 0.00 0.00 0.00 0.00 88.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN	SVC DATE	PATIENT	PROCEDURE	TR	UN	CPT	CHARGE	INS FILED	INS PAID	PAT PAID	ADJUSTMT	PAT POR
09/17/07 SOLTIS,AUDREY A PR NEUROMUSCU 7 1 95937 110.00 0.00 0.00 0.00 0.00 110.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/04/07 INS FILED: STATE FARM STATE FARM MN 09/17/07 SOLTIS,AUDREY A PR C MOTOR EV 8 1 95929 244.00 0.00 0.00 0.00 0.00 0.00 244.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/04/07 INS FILED: STATE FARM STATE FARM MN 09/17/07 SOLTIS,AUDREY A PR C MOTOR EV 9 1 95928 244.00 0.00 0.00 0.00 0.00 0.00 244.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.000 10/04/07 INS FILED: STATE FARM-STATE FARM MN 09/17/07 SOLTIS,AUDREY A PR SOMATOSENS 10 1 95926 88.00 0.00 0.00 0.00 0.00 0.00 0.00 88.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN	10/17/07	INSURANCE DISCO	UNT			0.00						
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10/04/07 INS FILED: STATE FARM-STATE FARM MN 09/17/07 SOLTIS, AUDREY A PR C MOTOR EV 9 1 95928 244.00 0.00 0.00 0.00 0.00 244.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN 09/17/07 SOLTIS, AUDREY A PR SOMATOSENS 10 1 95926 88.00 0.00 0.00 0.00 0.00 0.00 88.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN	10/17/07	INSURANCE PAYME	ΝΤ			0.00						
09/17/07 SOLTIS,AUDREY A PR C MOTOR EV 9 1 95928 244.00 0.00 0.00 0.00 0.00 244.00 10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN 09/17/07 SOLTIS,AUDREY A PR SOMATOSENS 10 1 95926 88.00 0.00 0.00 0.00 0.00 0.00 88.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN	10/17/07	INSURANCE DISCO	JNT			0.00						
10/17/07 INSURANCE PAYMENT 0.00 10/17/07 INSURANCE DISCOUNT 0.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN 09/17/07 SOLTIS, AUDREY A PR SOMATOSENS 10 1 95926 88.00 0.00 0.00 0.00 0.00 88.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN	10/04/07	INS FILED: STATI	E FARM-STATE FARM	MN N								
10/17/07 INSURANCE DISCOUNT 0.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN 09/17/07 SOLTIS, AUDREY A PR SOMATOSENS 10 1 95926 88.00 0.00 0.00 0.00 0.00 68.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN	09/17/07	SOLTIS, AUDREY A	PR C MOTOR EV	9	1	95928	244.00	0.00	0.00	0.00	0.00	244.00
10/04/07 INS FILED: STATE FARM-STATE FARM MN 09/17/07 SOLTIS, AUDREY A PR SOMATOSENS 10 1 95926 88.00 0.00 0.00 0.00 0.00 88.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN	10/17/07	INSURANCE PAYMEN	₹T			0.00						
09/17/07 SOLTIS,AUDREY A PR SOMATOSENS 10 1 95926 88.00 0.00 0.00 0.00 0.00 88.00 10/04/07 INS FILED: STATE FARM-STATE FARM MN	10/17/07	INSURANCE DISCOU	INT			0.00						
10/04/07 INS FILED: STATE FARM-STATE FARM MN	10/04/07	INS FILED: STATE	FARM-STATE FARM	MN I								
	09/17/07	SOLTIS, AUDREY A	PR SOMATOSENS	10	1	95926	88.00	0.00	0.00	0.00	0.00	88.00
	10/04/07	INS FILED: STATE	FARM-STATE FARM	1 MN								
Pending INS FILED: STATE FARM-STATE FARM MN	Pending	INS FILED: STATE	FARM-STATE FARM	1 MN								

CONTINUED

ALLINA HOSPITALS & CLINIC

Case 08-35653-KRH Doc 10457-1 Filed 04/05/11 Entered 04/08/11 09:51:16 Desc Exhibit(s) Page 7 of 26

ALLINA HOSPITALS & CLINICS

NW 5336

AUDREY A SOLTIS

MINNEAPOLIS, MN 55480-7720

11/24/07

50014185

AUDREY A SOLTIS 10741 30TH ST ALLINA HOSPITALS & CLINICS

NW 5336

BOWLUS, MN 56314

MINNEAPOLIS, MN 55480-7720

SVC DATE	PATIENT	PROCEDURE	TR	UN	CPT	CHARGE	INS FILED	INS PAID	PAT PAID	ADJUSTMT	PAT POR
09/17/07	SOLTIS, AUDREY A	PR NERVE COND	11	2	95903	196.00	0.00	0.00	0.00	0.00	196.00
10/17/07	INSURANCE PA	AYMENT			0.00						
10/17/07	INSURANCE DI	SCOUNT			0.00						
10/04/07	INS FILED: S	STATE FARM-STATE FARM	MN								
09/17/07	SOLTIS, AUDREY A	PR INTRAOPERA	12	2	95920	704.00	0.00	0.00	0.00	0.00	704.00
10/17/07	INSURANCE PA	YMENT			0.00						
10/17/07	INSURANCE DI	SCOUNT			0.00						
10/04/07	INS FILED: S	STATE FARM-STATE FARM	MN								

* denotes new activity

Undistributed Credits

0.00

11/24/07 AUDREY A SOLTIS

50014185

2092.00

ALLINA HOSPITALS & CLINIC

437.00

1655.00

0.00

0.00

0.00

Our credit policy is payment in full upon receipt of this statement. We acc Visa, MasterCard, Discover, American Express and Med Credit.

Case 08-35653-KRH Doc 10457-1 Filed 04/05/11 Entered 04/08/11 09:51:16 Desc Exhibit(s) Page 8 of 26

Please Remit To:

ALLII MA

MMUNITY PHARMACIES

Allina Pharmacies Finance
P.O. Box 43 Mail Route 10911
Minneapolis,MN 55440-0043
PHARMACY PHONE: (612) 262-5980

PAGE 1 OF 1 PAGES 16

Amt. Enclosed	Billing Date	Account No.	
	10/16/07	97405	AUDREY A SOLTIS 10741 30TH ST
VISA MAS	STERCARD DISC	OVER AMERICAN EXPRESS	BOWLUS, MN 56314-2056
ACCT. #			·
EXPIRES			
SIGNATURE			

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

DETACH HERE

Retain This Statement For Your Tax Records

		Reta	sin This Statement Fo	of You	Tax Records			
Transaction Date	DESCRIPTI	ON/TRANSACTIO	N NUMBER		Tax Deductib Charges	le Non Tax Deductible Charges	Sales Tax	Payments/Credits
09/28/07	ACP HEART PHARM	RX 165111475 S	SENNA S TAB 8.6	-50	4.95			
09/28/07	ACP HEART PHARM	RX 165111477 F	OTASSIUM CL C	R TA	13.65	i		1
09/28/07	ACP HEART PHARM	RX 165111479 A	VELOX TAB 400	MG	95.65	i		
09/28/07	ACP HEART PHARM	RX 165111481 [DIAZEPAM TAB 5	MG	12.50)		
09/28/07	ACP HEART PHARM	RX 162022286 C	XYCODONE/APA	P 5/3	17.30	1		
i								
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						_		
			Charges Since Last	Billing	144.05			_
			Year to Date Chan	ges	181.05	18.50		55.50
			•		Bal. Last Stateme	ent This Month's Charges	Payments/Credits	TOTAL AMT. DUE
						144.05		144.05
Current	30 Days Past Due	60 Days Past Due	90 Days Past Due	120 E	ays Past Due	97405 AUDF	DEV A COLT	rie
1440	5 0.00	0.00	0.00					
144.0	0.00	0.00	0.00			Allina Pharmad	ies rinance	,
				_				

SERVICE CHARGES are calculated at a MONTHLY PERIODIC RATE OF % (ANNUAL RATE OF)

based upon an unpaid balance of outstanding

days or more as of billing date.



Case 08-35653-KRH Doc 10457-1 Filed 04/05/11 Entered 04/08/11 09:51:16 Desc PATIENT RECEIPT OF SERVICES R ED Exhibit(s) Page 9 of 26

223894

CONSULTING RADIOLOGISTS LTD MN 1221 NICOLLET MALL 600 MINNEAPOLIS MN 55403 (612) 573-2200

Tax ID: 41-0974675

AUDREY SOLTIS 10741 30TH ST BOWLUS

MN 56314

For: AUDREY A SOLTIS Account Mc.: 031630276

BERVICE CPT DATE	DESCRIPTION DIAGNOSIS DOCTOR	CHARGE	PAYKENT	DALANCE
11111111111111111	SUPPLY AND CHIEF CONT.	C1 2 7 7 2 2 2 1 .		111111111
19/21/07 71010	CHEST SINGLE VIEW, FRONTAL 518.81 STEPHEN H HITE I	26.00 KD		26.00
)9/17/07 72020	SPINE SINGLE VIEW	22.00		18.00
	723.0 NEERAJ D CHEPUR	I MD		
)9/23/07 71260	CT CHEST SCAN W/CONTRAST	175.00		223.00
	786.09 FREDERICK R DLSC	סא אס		
.0/15/07 113	PMT-COMMERCIAL INSURANCE		22.00	201.00
	LP NECRAJ G CHEPURI	EMD		
.0/15/07 113	PHT-COMMERCIAL INSURANCE		26.00	175.00
	LP STEPHEN H HITE N	(D		
.0/17/07 R115	PHT-AUTO INSURANCE EXHAUS		0.00	175.00
	FL LEGELICK & OF20	IN MD		
11:11:11:11:11				

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NORTHWEST ANESTHESIA, PA ANESTHESIOLOGISTS BOX 47920

PLYMOUTH, MN 55447

60069754

AUDREY A SOLTIS

11/15/2007

2057.55

AUDREY A SOLTIS 10741 30TH STREET

BOWLUS, MN 56314-2056

NORTHWEST ANESTHESIA, PA ANESTHESIOLOGISTS BOX 47920

PLYMOUTH, MN 55447

		COINI / COINDO	TOTAL PILLED				
		DEDUCTIBLE APP	LIED				
		BALANCE IS PAT	TENT LIABILITY				
03/09/04		FINANCE CHARGE	1				2.03
04/06/04		FINANCE CHARGE	}				2.03
05/04/04		FINANCE CHARGE	}			•	2.03
06/01/04		FINANCE CHARGE	1				2.03
08/25/05		INSURANCE PAYM	ENT				100.00CR
		INSURANCE PAYM	ENT				100.00CR
09/20/05		INSURANCE PAYM	ENT				12.82CR
	•	INTEREST DEBIT	ı				2.00
11/24/03 W. MAL	LON, CRNA	INSERT SPINE FIXA FACILITY: ABBOTT 3 HOUR(S) 15 MINU	NORTHWESTERN H	OSPITAL	NIC		1372.28
12/01/03					TA PO BOX 64338	ST PAUL	
12/12/03		INSURANCE PAYM	ENT				659.78CR
		INSURANCE ADJU	STMENT				547.56CR
		COPAY / COINSU	RANCE APPLIED				•
		DEDUCTIBLE APP	LIED				
		BALANCE IS PAT	IENT LIABILITY				
03/09/04		FINANCE CHARGE					1.65
04/06/04		FINANCE CHARGE					1.65
05/04/04		FINANCE CHARGE					1.65
06/01/04		FINANCE CHARGE					1.65
09/20/05		INSURANCE PAYM	ENT	•			87.18CR
10/24/05		INSURANCE PAYM	ENT				100.00CR
		INTEREST DEBIT					15.64
01/09/06 J. LIL	LEHEI,MD	REMOVE SPINE FIXA FACILITY: ABBOTT : 1 HOUR(S) 46 MINU	NORTHWESTERN HO	SPITAL	1-		1248.87
01/16/06		INSURANCE FILE	D WITH MEDICA (CHOICE MSP PO BO	OX 30990 SALT L	AKE CITY	
638.77	4218.16	2799.38	12.00	1.00	-45.26	0.00	2057.55

COPAY / COINSURANCE APPLIED

ACCOUNT: 60069754

NAME: AUDREY A SOLTIS

TO PAY YOUR BALANCE CALL (763) 852-0401

PLEASE EMAIL SUPPORT@HEALTHBILLING.NET WITH UPDATED INSURMOREHWEST ANESTHESIA, PA

Direct billing inquiries to:

AND PAYMENT INFORMATION OR CALL 763-852-0402

Phone: (763) 559-3779 FEIN:41-1227535 Distingen Harres 0:00 AM 4:00 DM Manday theorigh Celday

DAVMENT IS DUE IN SO DAVE

Case 08-35653-KRH Doc 10457-1 Filed 04/05/11 Entered 04/08/11 09:51:16 Desc Page 11 of 26 Exhibit(s)

NORTHWEST ANESTHESIA, PA ANESTHESIOLOGISTS BOX 47920

PLYMOUTH, MN 55447

60069754

AUDREY A SOLTIS

11/15/2007

2057.55

AUDREY A SOLTIS 10741 30TH STREET

BOWLUS, MN 56314-2056

NORTHWEST ANESTHESIA, PA **ANESTHESIOLOGISTS** BOX 47920

PLYMOUTH, MN 55447

02/02/06	INSURANCE PAYMENT	328.74CR
	INSURANCE ADJUSTMENT	437.94CR
	COPAY / COINSURANCE APPLIED	
	DEDUCTIBLE APPLIED	
05/11/06	FINANCE CHARGE	4.82
06/21/06	FINANCE CHARGE	4.82
07/25/06	FINANCE CHARGE	4.82
08/24/06	FINANCE CHARGE	4.82
11/21/06	INSURANCE PAYMENT	200.00CR
11/28/06	INSURANCE PAYMENT	222.57CR
11/30/06	INSURANCE PAYMENT	83.88CR
	INTEREST DEBIT	4.98
	f	
01/09/06 A. KIMBRELL,CRNA	REMOVE SPINE FIXATION DEV(CPT:22852, Diag:996.78)	1199.52
	FACILITY: ABBOTT NORTHWESTERN HOSPITAL	
	1 HOUR(S) 46 MINUTES, REFERRING PHYSICIAN: J. SCHWENDER	
01/16/06	INSURANCE FILED WITH MEDICA CHOICE MSP PO BOX 30990 SALT LAKE CITY	
02/02/06	INSURANCE PAYMENT	528.08CR
	INSURANCE ADJUSTMENT	539.42CR
	COPAY / COINSURANCE APPLIED	
05/11/06	FINANCE CHARGE	1.32
06/21/06	FINANCE CHARGE	1.32
07/25/06	FINANCE CHARGE	1.32
08/24/06	FINANCE CHARGE	1.32
11/30/06	INSURANCE PAYMENT	138.69CR
	INTEREST DEBIT	1.39
09/17/07 R. KUNZE,MD	INSERT SPINE FIXATION DEV(CPT:22840, Diag:723.4)	2154.24
	FACILITY: ABBOTT NORTHWESTERN HOSPITAL	
	3 HOUR(S) 41 MINUTES, REFERRING PHYSICIAN: J. SCHWENDER	
09/27/07	INSURANCE FILED WITH STATE FARM INSURANCE - AUTO PO BOX 82640 LINC	
10/04/07	INSURANCE PAYMENT	2154.24CR
	$oldsymbol{\epsilon}$	

ACCOUNT: 60069754

638.77

NAME: AUDREY A SOLTIS

12.00

2799.38

TO PAY YOUR BALANCE CALL (763) 852-0401

4218.16

Direct billing inquiries to: PLEASE EMAIL SUPPORT@HEALTHBILLING.NET WITH UPDATED INSURMOREHWEST ANESTHESIA, PA

1.00

AND PAYMENT INFORMATION OR CALL 763-852-0402

-45.26

0.00

2057.55

DAVAGENT IS DUE IN 20 DAVE

Phone: (763) 559-3779 FEIN:41-1227535 Distingen Harmy 0.00 AM 4.20 DNA Manday through Eniday Case 08-35653-KRH Doc 10457-1 Filed 04/05/11 Entered 04/08/11 09:51:16 Desc Exhibit(s) Page 12 of 26

NORTHWEST ANESTHESIA, PA ANESTHESIOLOGISTS BOX 47920

PLYMOUTH, MN 55447

60069754

AUDREY A SOLTIS

11/15/2007

2057.55

AUDREY A SOLTIS 10741 30TH STREET

BOWLUS, MN 56314-2056

NORTHWEST ANESTHESIA, PA ANESTHESIOLOGISTS **BOX 47920**

PLYMOUTH, MN 55447

08/12/02 J. SHA	w,MD	INSERT SPINE FIXA FACILITY: ABBOTT		· · ·	Nr	_	1322.00
		2 HOUR(S) 58 MINU	TES, REFERRING	PHYSICIAN: J. SC	HWENDER		
08/19/02		INSURANCE FILE	D WITH BLUE SH	IELD OF MINNESOTA	PO BOX 64338	ST PAUL	
08/30/02		INSURANCE PAYM	ENT				573.60CR
		INSURÂNCE ADJU	STMENT				605.00CR
		COPAY / COINSU	RANCE APPLIED				
12/04/02		FINANCE CHARGE					1.43
01/08/03		FINANCE CHARGE					1.43
11/22/05		INSURANCE PAYM	ENT			Ē	100.00CR
12/19/05		INSURANCE PAYM	ENT		α		72.20CR
		INTEREST DEBIT			NK	_	25.94
08/12/02 W. SCO	TT, CRNA	INSERT SPINE FIXA	TION DEV(CPT:2	2840, Diag:V45.4)	Į.		1279.00
		FACILITY: ABBOTT		. •			
		2 HOUR(S) 58 MINU	TES, REFERRING	PHYSICIAN: J. SC	HWENDER		
08/19/02				IELD OF MINNESOTA		ST PAUL	
08/30/02		INSURANCE PAYM	ENT				624.48CR
		INSURANCE ADJU	STMENT				498.40CR
		COPAY / COINSU	RANCE APPLIED				
12/04/02		FINANCE CHARGE					1.56
01/08/03		FINANCE CHARGE					. 1.56
12/19/05		INSURANCE PAYM	ENT				27.80CR
01/23/06		INSURANCE PAYM	ENT		Λ		100.00CR
02/21/06		INSURANCE PAYM	ENT				61.70CR
		INTEREST DEBIT			NE	•	30.26
11/24/03 J. SHAW	, MD	INSERT SPINE FIXA	TION DEV(CPT:2	2840, Diag:738.4)	ι.		1430.26
		FACILITY: ABBOTT 1	NORTHWESTERN H	OSPITAL			
		3 HOUR(S) 15 MINU	res, referring	PHYSICIAN: J. SC	HWENDER		
12/01/03		INSURANCE FILE	WITH BLUE SH	IELD OF MINNESOTA	PO BOX 64338	ST PAUL	
12/12/03		INSURANCE PAYM	ENT				810.78CR
		INSURANCE ADJUS	STMENT				416.78CR
638.77	4218.16	2799.38	12.00	1.00	-45.26	0.00	2057.55

ACCOUNT: 60069754

NAME: AUDREY A SOLTIS

TO PAY YOUR BALANCE CALL (763) 852-0401

Direct billing inquiries to: PLEASE EMAIL SUPPORT@HEALTHBILLING.NET WITH UPDATED INSURMORETHWEST ANESTHESIA, PA

AND PAYMENT INFORMATION OR CALL 763-852-0402 DAVACAIT IS DITE IN 30 DAVE

Phone: (763) 559-3779 FEIN:41-1227535

Disalana Laise Dinn AM 4:20 DM Manday through Edday

Case 08-35653-KRH Doc 10457-1 Filed 04/05/11 Entered 04/08/11 09:51:16 Desc Page 13 of 26 Exhibit(s) PAGE 02/0/0 763-43 3,001 06/16/2009 14:00

Statement of Account

Statement 01/21/08 Through 06/16/09

CENTER FOR DIAGNOSTIC IMAGING PO BOX 1450 NW 6035 MINNEAPOLIS MN 55485-6035

Account 91530413

Balance Due \$

621.3E

800-634-4064 Business Phone

Statement Date 06/16/09

Registration Phone 952-541-1840

Federal ID No. 41-1410766

BC 69 FC NÇ

AUDREY & SOLTIS 10741 30TH ST BOWLUS MN 56314 - - Patient Name - -AUDREY A SOLTIS

- - Misc Remarks - -

Date	Patient	Code	PL M	ods Description	Units	Doctor	Batch	Pt Amount	Ins Amount
01/21/08	AUDREY	72158	.11	MRI LUMBAR W/O & W Dx 724.02	1	MULLIN MD, WILLI	38550	.00	3219.00
01/21/08	AUDREY	A9579	11	GAD-BASED CONTRAST NOS, PER ML	10	MULLIN MD, WILLI	38550	.00	214.00
01/21/08	AUDREY	72158	11	Dx 724.02 MRI LUMBAR W/O & W Dx 724.02	1	MULLIN MD, ĶILLI	99900	.00	3219.00-
01/21/08	AUNKET	72158	11	MRI LUMBAR W/O & W	1	MULLIN MD, WILLI	99900	.00	3219.00
01/23/08	AUDREY	A9579	11	GAD-BASED CONTRAST NOS, PER ML DX 724.02	10	MULLIN MD, WILLI	99900	.00	214.00-
01/21/08	AUDREY	A9579	11	GAD-BASED CONTRACT NOS, PER ML	10	MULLIN MD, WILLI	99900	.00	214.00
02/22/08	AUDREY	9992M		Dx 724.02 BENEFITS EXHAUSTED STATE FARM		MULLIN MD, WILLI	39348	-00	-00
03/14/08	AUDREY	99920		OTHER REASON NOT ELIGIBLE		MULLIN MD, WILLI	40039	.00	.00
04/02/08	AUDREY	9992L		NON COVERED SERVICE MEDICA		MULLIN MD, WILLI	40658	.00	-00
04/02/08	Atmaky	99906		MEDICA DISCOUNT		MULLIN MD, WILLI	40658	.00	85.60-
04/02/08		.20		MEDICA PAYMENT MEDICA		MULLIN MD, WILLI	40668	-00	102.72-
80\60\20	AUDREY	99905		MEDICA DISCOUNT		MULLIN MD, WILLI	41993	.00	1796.75-
05/09/08	AUDREY	20		MEDICA PAYMENT MEDICA		WILLIAM WILLI	41993	.00	1137.80-
03/05/08	AUDREY	62290	11 .	LUMBAR DISCO INJECT FOR DISCOGRAPHY. Dx 724.4	1	GOLDEN NO, MARSH	39836	.00	1460.00
03/05/08	AUDREX	72295	11	DISCOGRAPHY, LUMBAR, SUPERVISION AND Dx 724.4	, 1	GOLDEN MD, MARSH	39836	.00	1364.00
03/05/08	AUDREY	A4550	11	SURGICAL TRAY Dx 734.4	1	GÖLDEN MD, MARSH	39836	, .00	129.00
03/05/08	AUDREY	Q9966	11	LOCM 300-299 MG/ML 1ML Dx 724.4	1	COLDEN MD, MARSH	39836	.00	123.00
03/05/08	AUDREY	J1040	11	DEPO-MEDROL 80MG Dx 724.4 DEPO-MEDROL 80MG	1	COLDEN MD, MARSH	39836	, 00	69.00
	•								

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PAGE 03/D 06/16/2009 14:00 763-433-2001 Exhibit(s) PAGE 03/0/0

				Statement of		Page 2			
AUDREY A	SOLTIS	Acc	count Numbe	er: 91530413	(Conti	mie)			
Date	Patient	code	PL Mods		Units	· ·	Batch	Pt Amount	Ins Amount
				Dx 724.4					
03/05/08	AUDREY	\$0020	•	MARCAINE UP TO 30 MG Dx 724.4	1	GOLDEN MD, MARSH	39836	.00	18.00
03/05/08	YOUNEY	J1580	11	GENTAMICIN TO 80MG Dx 724.4	Ţ	GOLDEN MD.MARSH	35836	.00	5.00
03/26/08	AUDREY	99906		MEDICA DISCOUNT		GOLDEN MD. MARSH	40437	_ 00	2025.72-
03/26/08	AUDREY	. 20		MEDICA PAYMENT MEDICA		GOLDEN MD, MARSH	40437	.00	796.22-
03/26/08	AUDRBY	9991N		SUPPLY ADJUSTMENT		COLDEN MD, MARSH	40437	.00	147.00-
04/16/08	AUDREY	9992A		BAD ID OR GROUP # BCBS		GOLDEN MD, MARSH	. 41098	.00	.00
04/23/08	AUDREY	9992A		BAD ID OR CROUP # BC98		GOLDEN MD, MARSH	41396	.00	.00
11/04/08	AUDRET	62311		LUMBAR STEROID INJ Dx 724.4	1	CUNNINGHAM MD.C	48676	.00	1022.00
11/04/08	AUDREY		11 59	EPIDUROGRAPHY 8&I Dx 724.4	1	CUNNINGHAM MD.C	48676	.00	490.00
		• •		DISTINCT PROCEDURAL SERVICES					
11/04/00	AUDREY	A4550		SURGICAL TRAY	1	CUNNINGRAM MD,C	48676	.00	129.00
11/04/08	AUDREY	Q9966	11	LOCM 200-299 MG/ML Dx 724.4	3	'CUNNINGHAM MD,C	48676	-00	129.00
11/04/08	AUDREY	J070z	11 .	BETAMETHASONF PER 3MG	1	· CUNNINCHAM MD.C	±8676	.00	57.00
11/04/08	AUDREY	62311	11	Dx 724.4 LUMBAR STEROID INJ	1	CUNNINGHAM MD, C	99900	.00	1022.00-
11/04/08	AUDREY	62311	11	Dx 724.4 LUMBAR STEROID INJ Dx 724.4	1	CUNNINGHAM MD,C	99900	.00	1022.00
11/04/08	AUDREY	72275	11 59	EPIDUROGRAPHY S&I Dx 724.4	I	CUNNINGRAM MD, C	33200	.00	490.00-
				DISTINCT PROCEDURAL SERVICES					
11/04/08	AUDREY	72275	11 59	EPIDUROGRAPHY S&I Dx 724.4	1	CUNNINGHAM MD, C	99900	_00	490.00
		•		DISTINCT PROCEDURAL SERVICES					
11/04/08	AUDREY	A4550	11	SURGICAL TRAY Dx 724.4	٠ ٦	CUNNINGHAM MD, C	99900	00	129.00-
11/04/08	AUDREY	A4550	11	SURGICAL TRAY Dx 724.4	. 1	CUNNINGHAM MD,C	99900	.00	129.00
11/04/08	AUDREY	Q9966		LOCM 200-299 MG/ML Dx 724.4	3	CUNNINGHAM MD, C	39900	.00	129.00-
11/04/08	AUDREY	Q9966		LOCM 200-299 MG/ML Dx 724.4	3	CUMNINGHAM MD.C	99900	.00	129.00
21/04/08	AUDREY	,J0702		BETAMETHASONE PER 3MG DK 724.4	1	CONNINGHAM MD,C	99900	00	57.00-
11/04/08	AUDREY	J07 0 Z		BETAMETHASONE PER	1	CUNNINGHAM MD.C	99900	.00	57.00
•		•		Dx 724-4					
11/25/09	YOUKEY	9992M		BENEFITS EXHAUSTED STATE FARM	•	CUNNINCHAM MD, C	49378	, 0 <u>.</u> 0	.00
12/18/08	AUDREY	30		WEDICY BY/WEAL		CUMNINGHAM MD.C	50345	.00	448.68-

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	·			Statement of	Account			•	Page 3	1
AUDREY A	gOLTIS Patient		unt Number: 9;	1530413 Description	(Contin	ue) Doctor	Batch	Pt Amount	Ins Amount	
12/18/08 12/18/08	AUDREY AUDREY	99906 9991N		CA DISCOUNT LY ADJUSTMENT	•	CUNNINGHAM MD, C CUNNINGHAM MD, C	50345 50345	.00.	1137.15-	
	Total Listed Debits	Total Listed Credits	Total Adjustments	Total Listed Balance	Total Not Liste	Current Balance d . Due				
	8428,00	2485.42	5321.22-	621.36		.00 621,3	- -	•		

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MSC CENT	TER FOR I	DIAGNOST	IC IMAG	ING		Co	ollection	n Info	ormat:	ion	Date	02/16/09	Page	
Account !		Patien	t Name .	AUDR	EY A	SOLTIS		Re	eg Da	te 03/1	9/03	Dr CUN	ningham	
		Age 5	2 Sex	F S	SN 47	3700643 Copay	/ ID	Mi	isc 1				Misc 2	
RP Name A					1	Rel I RP Emplo	yer					BC 69	FC	NC
	BOWLUS MN	56314												
						-0000 Emp Ph								
		SOLTIS.	AUDREY A	A.		53558 C		789			A	ccept Assign	ment C	
Sec Ins Pymt Dt 04			Co	i	Grj	• C	it.					ymt Amt		
Sec Ins S Chg Dt 11	Sub Name					Rel Sub	Sig on	File	(Y/X)) У	P	ymt Code	32	Last
	•	rrent	3	31-60)	61-90	91-12	o	1	21-150		151	Total	Due
Patient		.00		112	2.17	61-90 .00		.00	_	. 0	0	,00	1	
Insurance Charge-off		.00			.00	.00		.00		.0	U	.00 509,19	_	.00
Service					.00	.00		.00		.0	O	509,19	5	09.19
Post			-											
Batch AT						Description								Date
03/19/03 03/28/03			64470	11	50	C-FACET JT/NR	∨ BLCK	1	0413	723.1		1352.0	0 SH	
						INJ Dx 723.1								
100						BILATERAL PROC	CEDURE							
03/19/03 / 03/28/03		4	76005	11		FLUOROSCOPY, CI	ERVICAL	1	0413	723.1		246.0	O SH	
03/19/03	Atmoev		A4550	11		Dx 723.1 SURGICAL TRAY			0437	723.1		105.0		
03/28/03			M#330	11				1	0413	723.1		125.0	o sh	
						Dx 723.1 /N,TRAY SYRING	3E							
03/19/03 2 03/28/03			A4645	11		OMNIPAQUE 240		1	0413	723,1		120.0	0 sh	
03/28/03	3109 Hz	1				200-299 MG'S 1	CODINE							
03/19/03	Almery		J2000	11		Dx 723.1 LIDOCAINE		1	0412	723,1		15.0	n en	
03/28/03			02000					-	0413	723,1		13.0	0 56	
03/19/03	AUDREY		J3301	11		Dx 723.1 KENALOG PER 10) MG	1	0413	723.1		70.00	o sh	
03/28/03	3109 HM	ſ				Dx 723.1								•
04/11/03 2			17			BCBS PAYMENT			0413			434.8	9- SH	
04/11/03	3363 HM	1				BCBS								
04/11/03 A 04/11/03	AUDREY 3363 HM	-	9991N			SUPPLY ADJUSTM	ENT		0413			15.00)~ SH	
04/11/03 2	UDREY		99904			BC UC-R DISCOU	NT		0413			1369.39	9- SH	
04/11/03 04/22/05 #	3363 HM AUDREY	I	40			COLLECTION RES	OURCES		0413			43.40	9- SH	
04/22/05												10111		
						COMMISSION CR 3/31/05								
04/22/05 A 04/22/05	WDREY 21924 PR		32			COLLECTION AGE	NCY		0413			65.23	3- SH	
04, 22, 0-	-1324 IN	•				PAYMENT								
10/20/06 A	UDREY		64626	24		CR 3/31/05 RF RHIZOTOMY;	CERV	1	0403	723.1		578.00	15	
	30846 38								_			2.2.20		
						1ST LEVEL Dx 723.1								
10/20/06 A 10/30/06	UDREY 30846 38		64627	24		RF RHIZOTOMY;C	ER-2ND	1	0403	723.1		163.00	15	
20/30/00	30					LEVEL								
10/20/06 A	UDREY		76005	24 2	:6	Dx 723.1 FLUOROSCOPY, CE	RVICAL	1	0403	723.1		86.00	15	
	30846 38				-			-		/ *		50.00	10	
						FOR RHIZOTOMY								

FOR RHIZOTOMY Dx 723.1

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10/20/06 AUDREY 10/30/06 30846 38

64626 11

PROFESSIONAL FEE

RF RHIZOTOMY; THORACI 1 0403 VOID

.00 15

Dx VOID

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Collection Information

Date 02/16/09

Page

AUDREY A SOLTIS

Account Number: 91530413

(CONTINUE)

								(CONT	INUE)				
Service			Input	Ŀ									
Post Date	Pa	tient _.	Code		Mods	Description	Unts	Dr	Diag1	Diag2	Amount	Fac	Date
Batch ET													
10/20/06 10/30/06			76005	11	26	FLUOROSCOPY, SPINAL		0403			, .00	15	
20,30,00	30040	50				Dx VOID							
11/22/06 11/22/06	AUDREY 31240		2₽			PROFESSIONAL FEE AUTO INS PAYMENT		0403			827.00-	15	
01/21/08 01/24/08			72158	11		STATE FARM IN MRI LUMBAR W/O & W	1	0402	724.02		3219.00	SM	
01/21/08 01/24/08			A9 579	11		Dx 724.02 GAD-BASED CONTRAST	10	0402	724.02		214.00	SM	
01/24/08	36330	36				NOS, PER ML Dx 724.02							
01/21/08 02/18/08	AUDREY 99900	38	72158	11		MRI LUMBAR W/O & W Dx 724.02	1	0402	724.02		3219.00-	SM	
01/21/08 02/18/08	AUDREY 99900	50	72158	11		MRI LUMBAR W/O & W	1	0402	724.02		3219.00	SM	
01/21/08 02/18/08		38	A9579	11		Dx 724.02 GAD-BASED CONTRAST	10	0402	724.02		214.00-	SM	
						NOS, PER ML Dx 724.02							
01/21/08 02/18/08		50	A9579	11		GAD-BASED CONTRAST	10	0402	724.02		214.00	SM	
						NOS, PER ML Dx 724.02							
02/22/08 02/22/08		38	9992M			BENEFITS EXHAUSTED STATE FARM		0402			.00	SM	
03/14/08 03/14/08		38	99920			OTHER REASON		0402			.00	SM	
04/02/08 04/02/08		38	9992L			NOT ELIGIBLE NON COVERED SERVICE		0402			.00	SM	
04/02/08 2 04/02/08	AUDREY 40668	38	99906			MEDICA MEDICA DISCOUNT	1	0402			85.60-	SM	
04/02/08 1 04/02/08	AUDREY 40668	38	20			MEDICA PAYMENT	•	0402			102.72-	SM	
05/09/08 <i>1</i> 05/09/08		E0	99906			MEDICA DISCOUNT		0402			1796.75-	SM	•
05/09/08 05/09/08 05/09/08	41993 UDREY 41993		20			MEDICA PAYMENT	(0402			1137.80-	SM	
03/05/08 2 03/10/08		50	62290	11		MEDICA LUMBAR DISCO INJECT	1 (0403	724.4		1460.00	25	
03/05/08 #	UDREY		72295	11	I	FOR DISCOGRAPHY, Dx 724.4 DISCOGRAPHY, LUMBAR,	1 (0403 7	/24.4		1364.00	25	
03/10/08	39836 5	50				SUPERVISION AND							
03/05/08 A 03/10/08	UDREY 39836	50	A4550	11	8	SURGICAL TRAY	1 (0403 7	24.4		129.00	25	
03/05/08 A 03/10/08	UDREY 39836 5		Q9966	11		0x 724.4 .OCM 200-299 MG/ML	1 0	403 7	24.4		123.00	25	
						ML 0x 724.4							
03/05/08 A 03/10/08	UDREY 39836 5	50	J104 0	11	Ι	DEPO-MEDROL 80MG	1 0	403 7	24.4		69.00	25	
03/05/08 A 03/10/08	UDREY 39836 5	50	\$0020	11	Þ	0x 724.4 FARCAINE UP TO 30 MG	1 0	403 7	24.4		18.00	25	
					I	x 724.4							

03/05/08 AUDREY	J1580 11	GENTAMICIN TO 80MG	1 0403 724.4	5.00 25
03/10/08 39836 50		Dx 724.4		
03/26/08 AUDREY	99906	MEDICA DISCOUNT	0403	2025.72- 25
03/26/08 40437 50				
03/26/08 AUDREY	20	MEDICA PAYMENT	0403	796.22- 25
03/26/08 40437 50				
		MEDICA		
03/26/08 AUDREY	9991N	SUPPLY ADJUSTMENT	0403	147.00- 25
03/26/08 40437 50				
04/16/08 AUDREY	9992A	BAD ID OR GROUP #	0403	.00 25
04/16/08 41098 SP				
		BCBS		
04/23/08 AUDREY	9992A	BAD ID OR GROUP #	0403	.00 25
04/23/08 41396 SP				

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Collection Information

Date 02/16/09

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AUDREY A SOLTIS

Account Number: 91530413

(CONTINUE)

					,,,		NUE)				
Service	a	Input	:								
Post Date Batch El		Code	Pl Mo	ds Description	Unts	Dr.	Diag1	Diag2	Amount	Fac	Date
											
				BCBS							
	3 AUDREY 48676 38	62311	11	LUMBAR STEROID INJ	1 0	412	724.4		1022.00	sn	
	8 AUDREY 48676 38	72275	11 59	Dx 724.4 EPIDUROGRAPHY S&I	1 0	412	724.4		490.00	SN	
•		- 4550		Dx 724.4 DISTINCT PROCEDURAL SERVICES							
	3 AUDREY 48676 38	A4550	11	SURGICAL TRAY Dx 724.4	1 0	412	724.4		129.00	SN	
	3 AUDREY 48676 38	Q9966	11	LOCM 200-299 MG/ML	3 0	412	724.4		129.00	SN	
	AUDREY 48676 38	J 0702	11	Dx 724.4 BETAMETHASONE PER	1 0	412 '	724.4		57.00	SN	
11/03/08	46070 30			3MG Dx: 724.4							
	99900 38	62311	11	LUMBAR STEROID INJ Dx 724.4	1 0	412	724.4		1022.00-	SN	
11/04/08 11/18/08	99900 50	62311	11	LUMBAR STEROID INJ	1 0	412.	724.4		1022.00	SN	
11/04/08	AUDREY	72275	11 59	Dx 724.4 EPIDUROGRAPHY S&I	1 0	412 '	724.4		490.00-	SN	
11/18/08	99900 38			Dx 724.4 DISTINCT PROCEDURAL SERVICES							
	99900 50	72275	11 59	EPIDUROGRAPHY S&I Dx 724.4	1 04	412 7	724.4		490.00	SN	
				DISTINCT PROCEDURAL SERVICES							
11/04/08 11/18/08	AUDREY 99900 38	A4550	11	SURGICAL TRAY Dx 724.4	1 04	112 7	24.4		129.00-	SN	
11/04/08 11/18/08	99900 50	A4550	11	SURGICAL TRAY	1 04	112 7	24.4		129.00	SN	
11/04/08 11/18/08		Q9966	11	Dx 724.4 LOCM 200-299 MG/ML	3 04	112 7	24.4		129.00-	SN	
11/04/08	AUDREY	Q9966	11	Dx 724.4 LOCM 200-299 MG/ML	3 04	112 7	24.4		129.00	SN	
	99900 50	J0702	17	Dx 724.4 BETAMETHASONE PER	1 04	112 7	24 4		57.00-	ØN.	
11/04/08 11/18/08	99900 38	00702		3MG	1 04	112 /	24.4		37.00-	ЭN	
11/04/08 11/18/08	AUDREY 99900 50	J0702	11	Dx 724.4 BETAMETHASONE PER	1 04	12 7	24.4		57.00	sn	
11/28/08 11/28/08	AUDREY 49378 50	9992M		3MG Dx 724.4 BENEFITS EXHAUSTED	04	.12			.00	SN	
12/18/08		20		STATE FARM MEDICA PAYMENT	04	.12			448.68-	sn	
12/18/08	50345 50	99906		MEDICA MEDICA DISCOUNT	0.4	12			1127 15	CNT	
12/18/08 12/18/08 12/18/08	50345 50	99906 9991N		SUPPLY ADJUSTMENT		12 12			1137.15-	sn sn	
12/18/08	50345 50										
	Total Listed Debits	Listed	tal Credits	_	Total sted Bala		No	Total t Listed	Curre Balance	Due	

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11183.00 3856.03

6705.61-

621.36

.00

621.36

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04/15/2009 11:20 763-43 201

Statement of Account

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Statement 01/21/09 Through 04/15/09

CENTER FOR DIAGNOSTIC IMAGING PO BOX 1450 NW 6035 MINNFAPOLIS MN 55485-6039

Account 91530413

Balance Due \$ 621.36

Statement Date 04/15/09

Business Phone 800-634-4064 Registration Phone 952-541-1840

Federal ID No. 41-1410766

- - Patient Name - -AUDREY A SOLTIS

BC 69 FC NC AUDREY A SOLTIS 10741 30TH ST BOWLUS MN 56314

- - Misc Remarks - -

Date	Patient	Code	PL Mods	Description	Units	Doctor	Batch	Pt Amount	In≎ Amount
01/21/08	AUDREY	72158	11	MRI LUMBAR W/O & W Dx 724.02	1	MULLIN MD, WILLI	38550	.00	3219.00
01/21/08	AUDREY	A9579	11	GAD-BASED CONTRAST NOS, PER ML Dx 724.02	10	MOLLIN MD, WILLI	38550	.00	214-00
01/21/08	AUDREY	72158		MR? LUMBAR W/G & W Dx 724.02	1	mullin ad'airti	99900	.00	3219.00-
01/21/08	AUDREY	72158	11	MRI LUMBAR W/O & W	1	MULLIN MD, WILLI	99900	.00	3219.00
01/21/08	AUDREY	A9579	11	GAD-BASED CONTRAST NOS, PER ML Dx 724.02	10	MULLIN MD, WILLI	99900	.00	214.00-
01/21/08	AUDREY	A9579	11	GAD-BASED CONTRAST NOS, PER ML Dx 724.02	10	MULLIN MD, WILLI	99900	.00	214.00
02/23/08	AUDREY	9992M		BENEFITS EXHAUSTED STATE FARM		MOPPIN NO'MIPFI	19348	.00.	-00
03/14/08	AUDREY	99930		OTHER REASON NOT ELIGIBLE		MULLIN MD, WILL:	40039	-00	.00
04/02/08	AUDREY	9992L		NON COVERED SERVICE MEDICA		MULLIN MD,WİLLI	40668	-00	.00
04/02/08	AUDREY	99906		MEDICA DISCOUNT		MULLIN MD, WILLI	40668	.00	85.60-
04\03\08	AUDREY	20		MEDICA PAYMENT MEDICA		MULLIN MD, WILLI	40558	-00	102.72-
05/09/08	AUDREY	99906		MEDICA DISCOUNT		MULLIN MD, WILLI	41993	.00	179€.75
05/09/08	AUDREY	20		MEDICA PAYMENT		MULLIN MD, WILLI	41993	.00	1137.90-
03/05/08	AUDREY	62290	11	LUMBAR DISCO INJECT FOR DISCOURAPHY, DX 724.4	. 1	GOLDEN MD.MARSH	39836	.00	1460.00
03/05/08	AUDREY	72295		DISCOGRAPHY, LUMBAR, SUPERVISION AND Dx 724.4	1	GOLDEN MD, MARSH	39836	.00	13 <i>6</i> 4.00
03/05/08	AUDREY	A4550	11	SURGICAL TRAY Dx 724.4	1	GOLDEN MD, MARSH	39836	.00	129.00
03/05/08	AUDREY	Q9966	11	LOCM 200-299 M2/ML IML Dx 724.4		Golden Mo, Marsh	39836	.00	123.00
03/05/08	AUDREX	<i>3</i> 1040		DEFO-MEDROL SOMG Dx 724.4 DEPO-MEDROL SOMG	ì	COLDEN ND, MARSH	39836	.00	69.00

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Statement of Account

AUDREY A	SOLTIS	Acc	ount)	Mumber	2 91530413	(Contin	ານອໄ			
Date	Patient	code	EF I		Description	Units	Boctor	Batch	Pt Amount	Ins Amount
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		202001		PC AMOUNTS	III8 SEMPONIC
				Þ	b⊈ 724.4					
03/05/08	atmery	20020	11		ARCAINE UP TO 30 MG	1	Colden MD, March	39836	.00	18.00
, 45, 45	-14444	•			x 724.4	-	00222-17 7727(1421211	22020	.00	20.00
03/05/08	atindry .	J1580	11		ENTAMICIN TO 80MG	1	GOLDEN MD, MARSH	39836		5.00
03,00,00	ADDAUST	0,1011			x 724.4		OODDER HEI, MARSH	33030	-00	5.00
03/26/08	) word	99905			EDICA DISCOUNT		GOLDEN MD. MARSH	4040**	4.5	207E 20
• •		20			EDICA PAYMENT		GOLDEN MD. MARSH	40437	• -	2025.72-
03/26/08	AUDIŒI,	20			EDICA FAIRENT		GULUBN MU, MAKSH	40437	.00	796.22-
03/26/08		9991N			•		war water and the time			
•-•	,	9992A			UPPLY ADJUSTMENT AD ID OR GROUP #		COLDEN MD, MARSH	40437	-00	147.00-
04/16/08	AUDREY	9992A					Golden MD, Marsh	. 41098	.00	.00
					C95					
04/23/08	AUDREY .	9992A			AD ID OR GROUP #		GOLDEN MD, MARSH	41396	00	.00
					CBS	_				
11/04/08	AUDREY	62311	11		umbar steroid inj	1	CUNNINGHAM MD, C	48676	- 00	1022.00
					ox 724.4		·			
11/04/08	AUDREY	72275	11 59		PIDUROGRAPHY SŁI	1	CUNNINGHAM MD.C	48676	.00	490.00
					x 724.4					
				D	ISTINCT PROCEDURAL					
				2	ERVICES					
11/04/08	AUDREY	A4530	11	3	URGICAL TRAY	1	CUNNINGHAM MD, C	48676	.00	129.00
				D	x 724.4					
11/04/08	AUDREY	Q9966	11	L	OCM 200-299 MG/ML	3	CUNNINGHAM MD, C	4867€	.00	129.00
				D	x 724.4					•
11/04/08	AUDREY	J0702	11	В	etametrasone per	1	CUNNINGHAM MD, C	48676	.00	57.00
				3.	MG					
	•			D	× 724.4					
11/04/08	AUDREY	62311	11	L	Umbar steroid inj	1	CUNNINGHAM MD, C	99900	.00	1022,00-
				D	x 724.4					
11/04/08	AUDREY	62311	11	L	umbar steroid inj	1	CUNNINGHAM MD, C	99900	.00	1022.00
				D:	x 724.4					
11/04/08	AUDREY	72275	11 59	<b>E</b>	PIDUROGRAPHY Sel	1	CUNNINGHAM MD, C	99900	.00	490.00~
				D	x 724.4					
				p	ISTINCT PROCEDURAL					
				6	ERVICES					
11/04/08	AUDREY	72275	11 59	E	PIDUROGRAPHY B&I	1	CUNNINGHAM MD, C	99900	.00	490.00
	•			D.	x 724.4					
	•			Ď	ISTINCT PROCEDURAL			•		
				5	ERVICES					
11/04/08	AUDREY	A4550	11	Ş	URGICAL TRAY	1	CUMNINGHAM MD, C	99900	.00	129.00-
				D	× 724.4		·			
11/04/08	AUDREY	A4550	11	8	URGICAL TRAY	1	CUNNINGHAM MD, C	99900	.00	129.00
				D:	x 724.4					
11/04/0B	AUDREY	Q9966	11	L	OCM 200-299 MG/ML	3	CUNNINGHAM MD, C	99900	.00	129.00-
, -				D	x 724.4					
11/04/08	AUDREY	Q9966	11	Ŀ	OCM 200-299 MQ/NL	3	CUNNINGHAM MD, C	99900	.00	129.00
•	•			D	× 734.4					
11/04/08	AUDREY	J0702	וג	Ð	etamethasone Per	1	CUNNINGHAM MD, C	99900	.00	57.00-
				3	MG					
				D	x 724.4					
11/04/08	AUDREY	კე702	11	В	etamethasone per	1	CUNNINGHAM MD,C	99500	-00	57-00
					MG					
				D	x 724.4					
11/28/08	AUDREY	9 <b>9</b> 92M		В	enefits exhausted		CUNNINGHAM MD, C	49378	.00	-00
,				6	TATE FARM		, -		·	
12/18/08	AUDREY	20		×	edica payment		CONNINGHAM WD'C	50345	.00	449.68-

MEDICA

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Statement	n.F	X

, personners of McComit							•			Page	3
AUDRBY A	SOLTIS	Acc	ount	Number:	91530413	(Contin	ue)				
Date	Patient	Code	PL	Mods	Description	Units	Doctor	Batch	Pt Amount	Ins Amount	
12/18/08	AUDREY	9990€	•	MEI	DICA DISCOUNT		CUNNINGHAM MD, C	50345	.00	1137.15	;-
12/18/08	AUDREY	9991 <b>N</b>		ទ្ធស	PPLY ADJUSTMENT		CUNNINGHAM MD.C	50345	,00	129.00	١.
	Total	Total		Total	Total	Total	Current				
	Listed I	isted	A.	djustmeni	ts Listed	. Not	Balance				
	Debits (	Credits			Palance	Listo					

9428.00 2485.42 5321.22- 621.36

.00 621.36

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Statement of Account

Statement 08/31/06 Through 12/17/07

Center for Diagnostic Imaging PO BOX 1450 NW5075 MINNEAPOLIS MN 55485-5075

Account 91530413

Page

Balance Due \$

Statement Date 12/17/07

Business Phone 800-634-4064

Registration Phone 952-541-1840

Federal ID No. 41-1410172

- - Patient Name - -

BC 20 FÇ NC

AUDREY A SOLTIS 10741 30TH ST BOWLUS MN 56314 AUDREY A SOLTIS

- - Misc Remarks - -

Date	Patient	Code	PL Mods	pescription	Units	Doctor	Batch	Pt Amount	Ins Amount
08/31/06	Attorev	64475	11	L-FACET OT/NAV BLCK	 1	POBIEL MD. RONAL	17014	.00	585.00
00/32/00	THOUSEN'S TO SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE SEE THE S			INJ, 1 LEVEL	-	TODIAL ID,IONAL	1,014		345.00
				Dx 723.1					
08/31/06	AUDREY	76005	11	FLUOROSCOPY, LUMBAR	1	POBIEL MD, RONAL	17014	.00	317.00
/ /				Dx 723.1	_				_
08/31/06	AUDREY	A4550	11	SURGICAL TRAY  Dx 723.1	1	POBIEL MD, RONAL	17014	-00	129.00
08/31/06	AUDREY	Q9947	11	LOCM 200-249 MG/ML	1	POBIEL MD, RONAL	17014	.00	123.00
				1ML					
				Doc 723.1					
08/31/06	AUDREY	J1030		DEPO-MEDROL 40MQ	1	POBIEL MD, RONAL	17014	.00	59.00
08/31/06	imoru	50020		Dx 723.1 MARCAINE UP TO 30 MG	1	POBIEL MD, RONAL	17014	.00	18,00
08/31/00	AUDAEI	00020		Dx 723.1	-	TOOLDS NO, ROZOLS	1/014	.00	18,00
09/18/06	AUDREY	2P		AUTO INS PAYMENT		PÓBIEL MD, RONAL	17273	. 00	1231.00-
				STATE FARM					
10/17/06	AUDREY	72148	11	MRI LUMBAR W/O	1	ANG MD, ROBERTO	17984	.00	2196.00
11/06/06	aitheey	2 P		Dx 724.02 AUTO INS PAYMENT		ANG MD.ROBERTO	18340	.00	2196.00-
11/00/00	NUMBI	~~		STATE FARM		naio in incidenta	20310	.00	2230.00
		Total		l Total		Current			
			Adjustr	ments Listed					
	Debits C	redits		Balance	Lister	j Drić			
		3400 00			~~~	^^			
	3427.00	3427.00		.00 .00		.00 .0	U		

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Statement of Account

Statement 10/20/06 Through 12/17/07

CENTER FOR DIAGNOSTIC IMAGING PO BOX 1414 NCB 6 MINNEAPOLIS MN 55480-1414

Account 91530413

Page

Balance Due \$

.00

Statement Date 12/17/07

Business Phone 800-634-4064 Registration Phone 952-541-1840

Federal ID No. 41-1410766

- - Patient Name - -

BC 69

AUDREY A SOLTIS

AUDREY A SOLTIS - - Misc Remarks - -

FC 10741 30TH ST BOWLUS MIN 56314 NC

Date	Patient	Code	PL Mods	Description	Units	Doctor	Batch	Pt Amount	Ins Amount
10/20/06	AUDREY	64636	24	RF RHIZOTOMY; CERV	1	GOLDEN MD, MARSH	30846	.00	578.00
				1ST LEVEL					
				Dx 723.1					
10/20/06	AUDREY	64627	24	RF RHIZOTOMY; CER-2ND	1	GOLDEN MD, MARSH	30846	.00	163.00
				TEAET					
				Dx 723.1					
10/20/06	AUDREY	76005	24 26	FLUOROSCOPY, CERVICAL	1	GOLDEN MD, MARSH	30846	.00	86.00
				FOR RHIZOTOMY					
				Dx 723.1					
				PROFESSIONAL FEE					
10/20/06	AUDREY	64626	11	RF RHIZOTOMY; THORACI	ı	GOLDEN MD, MARSH	30846	.00	.00
				Dx VOID					
10/20/05	AUDREY	76005	11 26	FLUOROSCOPY, SPINAL	ı	GOLDEN MD, MARSH	30846	.00	.00
				Dx VOID					
				PROFESSIONAL FEE					
11/22/06	AUDREY	2P		AUTO INS PAYMENT		GOLDEN MD, MARSH	31240	.00	\$27.00-
,,				STATE FARM IN					

Total	Total	Total	Total	Total	Current
pisted	List@d	Adjustments	Listed	Not	Palance
Pebits	Credits		Balance	Listed	Due
*****					
827.00	827.00	.00	.00	-00	.00